



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                     |                |
|---------------------|----------------|
| Application No.     | 10/671,133     |
| Applicant           | Searls, et al. |
| Filed               | 09/24/2003     |
| TC/ A/U.            | 2833           |
| Examiner            | Truc T. Nguyen |
| Attorney Docket No. | 109263-131742  |
| Customer No.        | 0031817        |

Certificate of Mailing

I hereby certify that this correspondence is being  
facsimile transmitted to the USPTO or deposited with the  
United States Postal Service with sufficient postage as  
first class mail in an envelope addressed to:  
Commissioner for Patents, PO Box 1450, Alexandria,  
VA 22313-1450 on this date: 01/18/2005  
Name: Heather L. Adamson  
Signature: *Heather L. Adamson*

Mail Stop ISSUE FEE  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE**

Sir:

Applicant appreciates the Examiner's allowance of 1, 4-9 and 12-19 based on the examiner's amendments which were agreed to in the October 15, 2004 telephone conference. Along with paying the issue fee, Applicant hereby submits the following comments on the Examiner's reasons for allowance. In particular, applicant understands that the prior art fails to teach, among other things, a second end configured to enable placement of an electronic component between the socket contact and a substrate and an electrical coupling of the electronic component between the socket contact and a bus.

**CONCLUSION**

The Commissioner is hereby authorized to charge shortages or credit overpayments to Deposit Account No. 500393.

Respectfully submitted,  
SCHWABE, WILLIAMSON & WYATT, P.C.

Date: 1/10/02

by: 

Christopher J. Lewis

Reg. No.: 51,246

Schwabe, Williamson & Wyatt, P.C.

Pacwest Center, Suites 1600-1900

1211 SW Fifth Avenue

Portland, Oregon 97222

Telephone: 503-222-9981

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                 |
|------------------------|-----------------|
| Application Number     | 10/671,133      |
| Filing Date            | 09/24/2003      |
| First Named Inventor   | Damion Searls   |
| Art Unit               | 2833            |
| Examiner Name          | Nguyen, Truc T. |
| Attorney Docket Number | 109263-131742   |

**ENCLOSURES (Check all that apply)**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>Comments on Statement of Reasons for<br>Allowance; Return Receipt Postcard |
|--|--|--|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                                   |          |       |
|--------------|-----------------------------------|----------|-------|
| Firm Name    | SCHWABE, WILLIAMSON & WYATT, P.C. |          |       |
| Signature    |                                   |          |       |
| Printed name | Christopher J. Lewis              |          |       |
| Date         | 01/18/2005                        | Reg. No. | 51246 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |                    |      |            |
|-----------------------|--------------------|------|------------|
| Signature             |                    |      |            |
| Typed or printed name | Heather L. Adamson | Date | 01/18/2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.